an energizable compressor assembly which includes an energizable actuator that has a pressing member that is pushed against a chest location on the patient's chest;

a torso wrap that couples to said actuator and that wraps to the back of the patient, so downward forces of the pressing member against the patient's chest are withstood by upward forces applied to the patient's back;

a stabilizer that includes a plurality of leg portions that each has an inner end connected to said actuator and an outer end that is positioned to press against the front of the patient, with said outer ends spaced about said axis to minimize tilt of the actuator vertical axis, a first of said outer ends lying primarily upward, toward the patient's head, of said pressing member and a second of said outer ends lying primarily downward, toward the patient's legs, of said pressing member.

New Claim 14

14. The apparatus described in claim 13 wherein:

said outer ends of said leg portions are at substantially same height above a horizontal patient's chest as said pressing member, when the patient chest is horizontal and the actuator is not energized, so said outer ends of said leg portion and said pressing member all lie substantially against the patient's chest when the actuator is not energized.

REMARKS

Applicant has cancelled claims 1-5, 7, 9 and 11-12, amended claims 8 and 10, and added new claims 13 and 14. Accordingly, only claims 6, 8, 10 and 13-14 remain in the application, of which none have been allowed.

Claim 6 was rejected as obvious over Hewson (3,307,541) in view of Barkalow (3,610,233) and Walsh (5,936,765). Claim 6 describes an actuator (e.g.

16 in Fig. 2) with a cylinder (60), a piston (62) and a source of pressured fluid (20). The piston includes a plurality of telescoping piston parts (64, 66). The telescoping piston parts provide a greater stroke length (90) for an actuator of given overall height (92).

Hewson shows an actuator (14 in his Fig. 2) with a single piston lying in a cylinder. As a result, his piston has a very short stroke compared to the height of his actuator.

Barkalow shows, in his Fig. 4, a single piston 16 which moves down until a flange at the top of the piston hits a sleeve bushing 23 that is held by a fastener 40. His Fig. 5 shows the piston in the fully downward position.

Walsh shows a telescope which is disguised as a soda can. A telescope is not relevant to a double piston actuator for compressing the chest of a patient so as to obtain a long piston stroke without the actuator extending high above the chest. Accordingly, the camouflage telescope of Walsh cannot be combined with the single piston actuator of Barkalow to anticipate the chest compressor of claim 6.

Claim 8, which has been amended, describes a chest compressor and a stabilizer such as shown in applicant's Fig. 1 (e.g. 150). The stabilizer has first and second leg portions (152, 154) with ends that lie respectively closer to the head and legs of the patient than the pressing member (12) of the actuator. Such leg portions of the stabilizer prevent the actuator from tipping and injuring the patient.

Waide shows, in his Fig. 2, a depressor 1 with a cylinder and with a piston that depresses a block 2 against a patient's chest. He also shows a support means with legs 3 that lie at opposite sides of the block 2, and that appear to hold the block 2 spaced a distance above the patient's chest until the block is thrust down. His Fig. 1 shows that his block is elongated, with one end closest to the head of the patient and the opposite end closest to the feet of the patient. His Fig. 2 indicates that the end closest to the legs of the patient are just as far from the

patient's legs as the opposite sides 3 of his support. He does not use a wide support to stabilize his actuator because he suggests that his support is used only to hold his block 2 above the patient. In fact, his Fig. 3 does not show any support, which may be due to the fact that his block 2 is supported above the patient's chest by his framework.

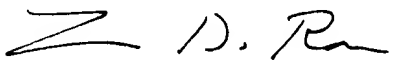
Claim 10, which depends from claim 8, describes a stabilizer as comprising a saucer-shaped element that extends more than 180° about the vertical axis of the actuator. Applicant's Fig. 1 shows (150) an example of such stabilizer. In Waide, each leg 30 of his stabilizer appears to extend by no more 60°, so his stabilizer would extend about 120° rather than more 180°. By extending more than 180°, applicant prevents the actuator from tilting in any direction.

New claim 13 describes an actuator and a stabilizer connected to the actuator. The stabilizer has a plurality of leg portions with outer ends. The patient's head (P in Fig. 1) lies upward of the chest location while the patient's feet lie downward of the chest location. A first leg (152) lies primarily upward of the pressing member (12) while a second leg outer end (154) lies primarily downward of the pressing member. The only reference showing something similar to applicant's stabilizer is Waide, whose Fig. 1 shows that his stabilizer legs 3 do not lie primarily upward (towards the head of the patient) and downward (towards the feet) of the actuator.

Claim 14, which depends from claim 13, describes a construction such as shown, for example, in applicant's Fig. 2. The outer ends (160) of the leg portions are at substantially the same height as the pressing member (12). As a result, the leg outer ends and the pressing member all lie substantially against the patient's chest when the actuator is not energized. In Waide, his Fig. 1 shows that his block 2 lies above the patient when his support legs 3 lie against the patient.

In view of the above, favorable reconsideration of the application is courteously requested. If the Examiner should wish to discuss the application, then the Examiner is invited to call Leon D. Rosen at (310) 477-0578.

Respectfully submitted,



Leon D. Rosen
Attorney for Applicant
Registration No. 21,077

10960 Wilshire Boulevard
Suite 1220
Los Angeles, CA 90024
(310) 477-0578